

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

101558437

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		1				
4		1				
5		1				
6		1				
7	1					
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TOTAL IND.	4					
TOTAL DEP.	16	◆	◆	◆	◆	◆
TOTAL CLAIMS	20	◆	◆	◆	◆	◆

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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98						
99						
100						
TOTAL IND.						
TOTAL DEP.		◆	◆	◆	◆	◆
TOTAL CLAIMS		◆	◆	◆	◆	◆